



## Default Prevention Grant Request for Reimbursement for Expenses Paid

Name of Institution: \_\_\_\_\_

Period \_\_\_\_\_, SFY 2016 ( July 1, 2015 – June 30, 2016)

Per agreement, attached documentation supporting payment.	Total Amount
Staff Salaries and Wages	
Staff Training, Travel, Meals, and per diem	
Equipment Purchases	
Materials and Office Supplies	
Consultants, Servicers, and Contracts	
Software	
Postage	
Printing and Copying	
Phone Charges	
Other (define) _____	
Student Seminars and Focus Groups	
Total	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

For MDHE Default Prevention Staff Only	
Marilyn Landrum, Student Assistance Associate for Default Prevention	Date